

Please type a plus sign (+) inside this box \longrightarrow $\boxed{\mp}$

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

☐ Declaration

□ Declaration

Maier

COMPLETE IF KNOWN

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number 1139261-0002

First Named Inventor

Application Number

Filing Date

Submitted OR	Submitted after initial	Group Art Unit								
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name								
As a below named inventor, I hereby declare that:										
My residence, mailing address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
METHODS AND SYSTEMS FOR SELECTING TRAVEL PRODUCTS										
(Title of the Invention)										
the specification of which										
is attached hereto OR as United States Application Number or PCT International										
was filed on (MM/DD/YYYY) (if applicable).										
Application Number and was amended on (MM/DD/YYYY)										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of certificate, or 365(a) of any PCT international application, by checking the box, any foreign application for patent or inventor's										
certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.										
	al application having a IIII	Foreign Filing Date	Priority	Certified Co	py Attached?					
Prior Foreign Application Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO					
	1	1			لسا					
Additional foreign application	numbers are listed on a	supplemental priority dat	a sheet PTO/SB	/02B attached I	hereto:					
Additional foreign application	numbers are listed on a	supplemental priority dat	a sheet PTO/SB at application(s)	/02B attached I	hereto:					
I hereby claim the benefit unde	r 35 U.S.C. 119(e) of any	supplemental priority date United States provision (MM/DD/YYYY)	at application(s)	listed below.						
Additional foreign application I hereby claim the benefit unde Application Number(s) 60/226, 442	r 35 U.S.C. 119(e) of any	United States provision (MM/DD/YYYY)	at application(s) Addition numbers	listed below. al provisional a are listed on a	pplication					
I hereby claim the benefit unde Application Number(s)	r 35 U.S.C. 119(e) of any Filing Date	United States provision (MM/DD/YYYY)	at application(s) Addition numbers supplem	listed below. al provisional a	pplication ata sheet					
I hereby claim the benefit unde Application Number(s)	r 35 U.S.C. 119(e) of any Filing Date	United States provision (MM/DD/YYYY)	at application(s) Addition numbers supplem	listed below. al provisional a sare listed on a sental priority da	pplication ata sheet					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: IV I	ustomer Num Bar Code La		00747	0	OR	Correspondence address below		
Name								
Address								
Address			•	<u></u>				
City				State		ZIP		
Country		[elephone	212-	819-8	3200	Fax212-354-8113		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:						ed for this unsigned inventor		
Given Name Robert J. Family Name or Surname Mail					Name ame Maier	er		
Inventor's Signature						Date		
Residence: City Mt. Laure	l		StateNJ		Country USA	Citizenship US		
Mailing Address 45 Stanwick Road								
Mailing Address Mailing Address								
City Mt. Laurel	State Nev	w Jer	sey	ZIP	08054	Country USA		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's								
Signature								
Residence: City State					Country	Citizenship		
Mailing Address								
Mailing Address						1		
City	State			ZIP		Country		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								